



AFSCME Rhode Island Council 94

American Federation of State, County & Municipal Employees, AFL-CIO

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MEMO TO: House Finance Committee Members

MEMO FROM: J. Michael Downey, President, RI Council 94, AFSCME, AFL-CIO
Kwame Larbi, President, Local 1350, Medical Center
Alexis Santoro, Esq., Executive Director, RI Council 94, AFSCME, AFL-CIO
Jim Cenerini, Legislative Affairs/Political Action Coordinator

DATE: April 14, 2021

RE: FY 2022 Budget Article 12 Section G-- Oppose

RI Council 94, AFSCME, AFL-CIO opposes the proposed redesign of Eleanor Hospital. The current proposal would close the Regan and Adolph Meyer Buildings at the Cranston Campus. Only the Forensic unit, located at Benton Building, would remain open at the Cranston Campus. Council 94 maintains that a new plan should be created which keeps Regan, Benton, and Zambarano open.

Eleanor Slater Hospital acts as the provider of last resort for medically fragile patients, who require acute psychiatric care, Forensic Civil/Not Guilty by Reason of Insanity patients, and critical medical long-term care for elders requiring specialized services, such as ventilator beds.

RI Council 94, AFSCME, AFL-CIO 2883 over 412 employees at the Pastore Medical Complex in Cranston, Rhode Island.

Council 94 opposes Budget Article 12 Section G, (pgs. 19-20), which would increase the rate reimbursements for privately operated nursing homes to care for ventilator bed and Severe Persistent Mental Illness (SPMI) residents/patients.

This seemingly innocuous provision appears to be an attempt to speedily discharge many patients with complex needs to inappropriate care settings and close the Regan and Adolph Meyer buildings.

Additionally, the union has learned that some patients' families have objected to non-consensual release of private/unredacted medical information to private care facilities. There is an ongoing investigation into the alleged breach of confidentiality.

While Council 94 has had a generally professional/transparent relationship with the Secretariat/Office of Health and Human Services (OHHS), the same can not be said for the Department of Behavioral Health Care, Developmental Disabilities, and Hospitals (BHDDH).

Unfortunately, the proposed ESH reorganization is shrouded in secrecy. Our relationship has degraded to the point that the unions and employees have little confidence in BHDDH's current management team.

Therefore, we respectfully oppose Article 12 Section G and urge the rejection of this provision.

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House Committee on Finance
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Kali Garges, RD, LDN, CDCES, CDOE
Support for H6032 - The Telemedicine Coverage Act

4/13/21

Hearing: Thursday April 13, 2021

Dear Chairman Abney and Members of the Committee:

My name is Kali Garges and I have been a licensed and practicing Registered Dietitian Nutritionist (RDN) in Rhode Island for almost 13 years. I testify in strong support of H6032 - The Telemedicine Coverage Act, which would allow the continued use of telemedicine by in-network providers after the Executive Order for the COVID-19 pandemic has ended. Approving this bill will allow Rhode Islanders to continue to have access to telemedicine with RDNs and other necessary healthcare providers and will ensure providers receive equal payment. The Senate version of this bill would only ensure equal payment for primary care physicians and behavioral health care providers.

During this year I have seen tremendous benefit from patients having access to telemedicine. My patients have been able to have access to support and care during a time that it was essential to have both. I have seen no-show rates for appointment decrease during this time. I believe this is due to the decrease in barriers patients have to get to appointments. With telemedicine they no longer need to find transportation via bus, taxi, or ride share, they do not need to find childcare, they do not need to leave work early or take personal time to get to our appointments. This has allowed marginalized individuals to access care more equally. Removing the telemedicine benefit would contribute to a decline in patients access to care and likely contribute to poorer health outcomes.

By expanding the coverage of telemedicine for other healthcare providers including RDNs, we create a foundation for future generations of healthy people and families. I urge the committee to pass H6032. Thank you for your consideration and for this opportunity to testify.

Sincerely,

Kali Garges, RD, LDN, CDOE, CDCES
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